

Chapter A. But  
Paragraph Specimens

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM 875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
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50		1				
TOTAL IND.	1		2		1	
TOTAL DEP.		1		1		1
TOTAL CLAIMS	1	1	2	1	1	1

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						